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relation to Medicaid. These include setting health standards for institutions, developing plans for professional review of services to recipients, and determining whether institutions and agencies meet requirements for participation in Medicaid.

D. Medicaid Relationships with State Title V Programs

State Medicaid plans must also provide for maximum utilization of the care and services available under title V programs.

Title V programs include a broad range of screening, diagnostic, treatment, and follow-up care and services available throughout the State under the Maternal and Child Health (MCH) and Crippled Children's Services (CCS) Programs, special projects for Mental Retardation (MR), Maternity and Infant Care (MIC), Children and Youth (C and Y), Family Planning, and Dental Health, plus a number of other special health service projects. All of these offer an important medical care resource for Medicaid recipients. Since maternal and child health services are administered by State health agencies, it is important that the Medicaid-health department agreement include a section on cooperative arrangements with the MCH Unit and, where applicable, the CCS Unit.

In 12 States, however, the CCS program is administered by an agency that does not have administrative authority over the MCH program; therefore, in these 12 States, an agreement must be drawn between the CCS agency and the State Medicaid agency.

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EPSDT-Title V Relationships

The full scope of services authorized under Medicaid can be provided under EPSDT. The capacity to provide that full range of services can be developed by title V programs in the State in order to maximize the delivery of comprehensive health care services to EPSDT eligibles.

42 CFR 451.10 has particular relevance to title V and the EPSDT program. The compatibility of these programs in early identification, diagnosis and treatment, case management and follow-up responsibilities should facilitate effective and efficient use of services and funds available under the two programs.

For maximum utilization of title V services for EPSDT eligibles, States can, therefore, consider providing under the State Medicaid plan all services for which Federal financial participation is available under title XIX, when screening and diagnosis indicate their necessity. This is possible because of the statutory exception for EPSDT to the requirement for comparability.

E. Medicaid Relationships with State Vocational
Rehabilitation Agencies

State Medicaid plans must provide for written cooperative agreements with State vocational rehabilitation agencies (42 CFR 451.10).

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F. Medicaid Relationships with Other Providers

In addition to State health and vocational rehabilitation agencies and title V programs, there are many other Federal and State-supported health programs that can serve as providers of medical care for Medicaid recipients. Among these are Head Start; Community Health Centers under section 330 of the Public Health Service Act; neighborhood health centers under various auspices; Appalachian Regional Commission (ARC) health and child development projects; migrant health centers; Indian Health Service facilities; Health Underserved Rural Areas (HURA) and Rural Health Initiative (RHI) projects; developmental disability projects; university affiliated mental retardation centers; and community mental health centers. Many of these can play a key role in Medicaid because they are organized to reach people who do not have easy access to health services or who seem uninformed or unmotivated and may need special help.

Although cooperation with these programs was not written into the title XIX law, as were the relationships with health, vocational rehabilitation and title V agencies, nevertheless, Medicaid policy requires State agencies to accept all qualified providers who agree to comply with program requirements. As the program with primary responsibility for health care to individuals eligible for Medicaid, the Medicaid agency has the same relationship to these programs as it does to any qualified provider. Medicaid can pay for the medical services they provide

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to recipients, within the limits of the State plan. Policies related to reimbursement, utilization review, medical review, and other administrative aspects of Medicaid apply to these programs just as they do to other providers. In addition to the usual provider agreement States may wish to negotiate comprehensive agreements as described in these guidelines.

G. Scope and Content of Interagency Agreements

1 - Parties to the Agreement

The appropriate parties to an interagency agreement that satisfies 42 CFR 451.10 will be found in a wide variety of organizational locations in each State.

Because of differing organizational arrangements and responsibilities, the respective State agencies must ensure that:

- Agreements are made between all relevant administering components of the State agencies and signed by responsible representatives.
- When Medicaid is administered by the Welfare department, there is an agreement with the State agencies for health, vocational rehabilitation and other relevant agencies when appropriate.

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- When Medicaid is administered by a division of the health department, there are intra-departmental agreements with other divisions within the department concerned with health services and standards of care.
- When Medicaid, the public assistance program, public health services, and other human resources programs are part of an umbrella agency, agreements are developed with the appropriate units of the agency.
- When Medicaid is administered by a State agency which is independent of other State programs, an agreement is drawn up with all other relevant departments.
- Agreements are entered into by the respective State agencies that include provision for supplemental agreements with local administrative units, as necessary, in order to assure that services covered under the agreement are available, to the extent possible, on a statewide basis.

2 - Content of Interagency Agreements

Written agreements are essential to effective working relationships between the Medicaid agency and other agencies charged with planning, administering or providing health care to low-income families. Although agreements by themselves will not guarantee open communication and cooperation between agencies, they can lay the groundwork for collaborating to achieve the best utilization of each agency's resources.

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Each agreement must specify the participating parties, the intent of the agreement, and the date upon which the agreement is to become effective, and must be signed by persons authorized to make the agreement binding.

- providing a description of referral procedures that facilitate access to services without undue delay;
- specifying reimbursement arrangements, since Medicaid is increasingly looked to for payment of medical services provided by or through other agencies;
- exchanging reports of medical and social services for administrative purposes, planning with recipients, or providing services to them. When information is to be shared, the recipient's permission must be obtained for its release.

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To remain useful, agreements need periodic review to determine if they continue to be applicable to the organization, functions, and program of the participating agencies. This reevaluation needs to be done annually and whenever a major reorganization occurs within the agencies involved.

The specific content of each agreement will vary according to individual State arrangements on the roles and responsibilities of the parties to the agreement. However, using the EPSDT-Title V agreement as an example, the elements that are appropriate to most interagency agreements are described below, (see also 42 CFR 451.10(a)):

(a) Mutual Objectives and Respective Responsibilities
of the Parties to the Agreement

State objectives in measurable terms, for example, expand State EPSDT-Title V activities from two counties to ten by the end of fiscal year 19___. In addition, this section may identify procedures for developing and producing "outcome" measurements of improvement in health status of children who received services, rather than just "output" measures of numbers of patients served or of specific procedures or tests given.

State responsibilities clearly so that both programs are aware of the specific items for which they are responsible, for example: in the case of EPSDT, the program that will maintain records of specific EPSDT screening services.

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provided or the party responsible for post-screening referrals or arrangements for diagnosis and treatment.

(b) Arrangements for Early Identification of Individuals Under 21 Years of Age in Need of Medical or Remedial Care and Service

Include plans for informing individuals eligible for both EPSDT and title V services of available services and for referring them to title V grantees as appropriate (42 CFR 449.10(a)(3)(ii)). Specify referral criteria, for example: age groups, high-risk populations, diagnostic conditions, all EPSDT eligibles in specified counties, the services and title V programs or projects to which referral is appropriate.

Arrangements for early identification of need for medical or remedial care would include, at a minimum, provision for delivery of the State's EPSDT screening services according to the periodicity schedule established by the State.

(c) The Services Each Offers and in What Circumstances

List the services to be provided by each agency (indicating responsibility), and the circumstances (e.g., setting; for which populations) under which they will be offered. Where individual title V programs or projects

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are to provide services different from those made available Statewide under the agreement, describe the specific services.

(d) The Cooperative and Collaborative Relationships at the State Level

The overall agreement is designed to facilitate accessibility and availability of services on a Statewide basis. State the organizational location of the programs and which State offices, divisions, or other units will be responsible for coordinating title XIX-title V activities. It is particularly important to specify how the two agencies will resolve problems or issues and establish any necessary policies to carry out the agreement.

(e) The Kinds of Services to be Provided by Local Agencies

The title V program may include local grantees such as city or county health departments, in addition to individual projects such as M&I, C&Y, Child Development Clinics, etc. Specify the services to be provided by them, and the arrangements for these services.

(f) Arrangements for Reciprocal Referrals

Reciprocal referral arrangements should be developed between the title XIX-title V agencies so that individuals eligible for the services